

DETAILED ACTION**Notice to Applicant**

1. This communication is in response to the request for Reconsideration filed on 1/15/08. Claims 2, 5-8 and 12-19 have been cancelled. Claims 1, 3-4 and 9-11 are pending.

EXAMINER'S AMENDMENT

2. An examiner's amendment to the record appears below. Should the changes and/or additions be unacceptable to applicant, an amendment may be filed as provided by 37 CFR 1.312. To ensure consideration of such an amendment, it MUST be submitted no later than the payment of the issue fee.

Authorization for this examiner's amendment was given in a telephone interview with Attorney Jeffrey D. Harty on 4/09/08. During the interview Attorney agreed to the followings:

In claim 1, line 1 after "method" insert --implemented using a computer--.

In claim 1, line 3 after "minimizing" delete "the" and insert --an--.

In claim 1, line 20 after "over the" delete "entire".

In claim 9, line 1 after "method" insert --implementing using a computer--.

In claim 9, line 8 after "creating a virtual" and delete "PPO".

In claim 9, line 8 after "savings under" delete "the" and insert --a health care plan-

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In claim 9, line ~~5~~ after "information concerning" delete "the" and insert --a-- and after "number" delete "of" and insert --representing--.

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In claim 9, line ~~14~~ after "set of networks with" delete "the" and insert --a--.

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In claim 9, line ~~22~~ after "greatest future savings" delete --and--.

21
In claim 9, line ~~23~~ insert --forming a virtual network from the one or more of the networks having greatest future savings to maximize savings under the health care plan; and--.

No further questions were discussed and no further amendments were made.

Allowable Subject Matter

3. Claims 1, 3-4 and 9-11 are allowable. The following is an examiner's statement of reasons for allowance and in light of Applicant's arguments.

Independent claims 1 and 9 are directed to "comparing the measures of network utilization in each of the states for the health care networks; selecting one or more health care networks for each state based on the measures of network utilization to provide a reduced number of health care networks for each state; for each of the one or more health care networks selected as part of the reduced number of health care networks for each state, projecting future health care savings accruing over the network; wherein the future health care savings are projected based upon historical charges and historical physician charges for the participant, health care network discounts for hospital charges, health care network discounts for physician charges, and a portion of the historical health care costs projected to fall to a health care provider in the network;